



Robert E. Bush
Naval Hospital

Did you know?...

You have the right to express your concerns about patient safety and quality of care.

There are several avenues open to you:

- * Through the ICE web-site.
- * Through the Naval Hospital Customer Comment Cards.

- * The Hospital's Customer Relations Officer at 760-830-2475, or any of the Customer Relations representatives in the hospital's clinics.

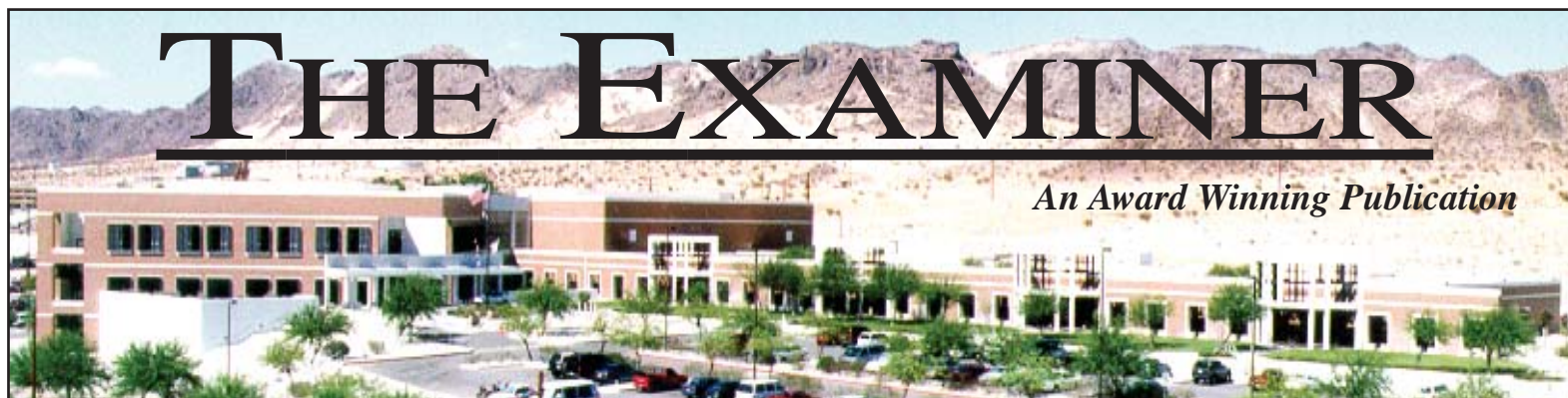
Or Directly to the Joint Commission via:

E-mail at complaint@jointcomission.org

Fax:
Office of Quality Monitoring
630-792-5636

Mail:
Office of Quality Monitoring
The Joint Commission
Oak Renaissance Boulevard
Oakbrook Terrace, IL 60181

Commanding Officer
Naval Hospital Public Affairs Office
Box 788250 MAGTF/TC
Twentynine Palms, CA 92278-8250



<http://www.med.navy.mil/sites/nhttp/pages/default.aspx>

Tips for Older Adults to Combat Heat-Related Illnesses

As we age, our ability to adequately respond to summer heat can become a serious problem.

The National Institute on Aging (NIA), part of the National Institutes of Health, has some advice for helping older people avoid heat-related illnesses, known collectively as hyperthermia, during the summer months. Hyperthermia can include heat stroke, heat fatigue, heat syncope (sudden dizziness after exercising in the heat), heat cramps and heat exhaustion. The risk for hyperthermia is a combination of the outside temperature along with the general health and lifestyle of the individual.

Health-related factors that may increase risk include:

- * Age-related changes to the skin such as poor blood circulation and inefficient sweat glands
- * Heart, lung and kidney diseases, as well as any illness that causes general weakness or fever
- * High blood pressure or other conditions that require changes in diet. For example, people on salt-restricted diets may increase their risk. However, salt pills should not be used without first consulting a doctor.

- * The inability to

perspire, caused by medications such as diuretics, sedatives, tranquilizers and certain heart and blood pressure drugs

- * Taking several drugs for various conditions. It is important, however, to continue to take prescribed medication and discuss possible problems with a physician.

- * Being substantially overweight or underweight

- * Drinking alcoholic beverages

- * Being dehydrated

Lifestyle factors can also increase risk, including extremely hot living quarters, lack of transportation, overdressing, visiting overcrowded places and not understanding how to respond to weather conditions. Older people, particularly those at special risk, should stay indoors on particularly hot and humid days, especially when there is an air pollution alert in effect. People without fans or air conditioners should go to places such as shopping malls, movie theaters, libraries or cooling centers which are often provided by government agencies, religious groups, and social service organizations in many communities.

Heat stroke is an advanced form of hyperthermia that occurs, often suddenly, when

the body is overwhelmed by heat and unable to control its

temperature. Someone with a body temperature above 104

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Art Donated to Hospital...



Families coming into the Pediatric Clinic at the Naval Hospital may be surprised to see this famous painting hanging behind the check-in desk. Actually this is a copy of the original Norman Rockwell painting, that was published on the cover of the *Saturday Evening Post*, March 29, 1929. The original painting titled, "Doctor and Doll" was the 114th of the 322 that Norman Rockwell painted for the *Saturday Evening Post* during his career. This copy was recently donated to the Naval Hospital by Major Philip B. Benedict, (USAF Retired). Benedict was a 1958 graduate of Twentynine Palms High School. He attended the University of California at Berkeley before joining the Air Force where he served as an Air Force pilot. He stated that he picked up this oil painting while in the Philippines in 1968. He said that he wanted to see it displayed in our Pediatric Clinic for all to enjoy.

Patients seen in July -- 9,271
Appointment No Shows in July -- 951

One in ten patients do not show up for their appointments at this hospital. If an appointment is no longer needed, please call so another patient can be seen.

To make an appointment call -- 760-830-2752
To cancel an appointment call -- 760-830-2369

How Does Tobacco Affect Your Eye Health?

*By Martha Hunt, MA, CAMF
Health Promotion and Wellness
Robert E. Bush Naval Hospital*

Tobacco use is one of the leading contributors to blindness in the U.S. The health effect of tobacco and the toxic chemicals found in tobacco affects your entire body -- including your eyes.

Cataract is the leading cause of blindness and moderate visual impairment worldwide. Numerous risk factors have been identified for early cataract development: environmental factors such as sunlight or ultraviolet exposure, diabetes mellitus, being under nourished, and tobacco use. Both smoking and smokeless tobacco use greatly increase the risk of developing cataracts.

Glaucoma is a group of diseases that can damage the eye's optic nerve and result in vision loss and blindness. Glaucoma occurs when the normal fluid pressure inside the eyes slowly rises.

However, with early treatment, you can often protect your eyes against serious vision loss. There is some evidence tobacco changes the blood flow to the eye causing the pressure of the fluids inside the eye to rise. Besides tobacco users, anyone can develop glaucoma and some people are at higher risk than others. They include: African Americans over age 40, everyone over age 60, especially Mexican Americans and people with a family history of glaucoma.

Age-related macular degeneration (AMD) is a disease associated with aging that gradually

destroys sharp, central vision -- what you see straight in front of you. Central vision is needed for seeing objects clearly and for common daily tasks such as reading and driving. AMD affects the part of the eye that allows you to see fine detail and is painless. The only environmental exposure clearly associated with macular degeneration is tobacco use. Not only does tobacco increase the risk of macular degeneration development, current or ex-smokers should not take vitamin supplements that have beta carotene because the risk of lung cancer increases if they do so.

Smoking greater than 20-25 cigarettes per day increases the risk of developing ARMD by approximately 2.5 times when compared to non-smokers. The risks increase both with the number of packs per day smoked and the number of years smoking.

The effects of smoking lasts for 15-20 years after quitting.

Other ways to help prevent AMD include physical activity such as brisk walking, jogging, and bicycling at least three times a week, avoid eating certain dietary fats - vegetable, monounsaturated and polyunsaturated fats (junk food!), and eat lots of fruits and vegetables. Other risks for AMD include age, family history of AMD, high blood pressure (blood pressure that is controlled doubles the risk and blood pressure that is not controlled triples the risk), cardiovascular disease, diabetes, exposure to blue and ultraviolet light, having light skin color, blonde hair and blue eyes, gender - women over men because women living longer, and finally

being either far or near sighted.

Night blindness is poor vision at night or in dim light. Tobacco use may damage night vision by changing your blood chemistry and damaging how you see in low light.

Also, second hand or environmental smoke irritates your eyes and affects your vision especially if you wear contact lenses or have dry eyes. Second hand smoke also forms a film on windshields, visors, and eye protection such as eyeglasses and goggles hindering the ability to see clearly at night.

Ocular Inflammation is another eye problem linked to tobacco. The eye is shaped much like a tennis ball, with three different layers of tissue surrounding a central gel-filled cavity. The

middle layer is called the uvea. Ocular inflammation is swelling of the uvea and is known as uveitis. Smoking is associated with an increased likelihood of bilateral ocular inflammation (both eyes) and reduced vision. It is also more likely to re-occur with continued tobacco use.

Simple Tips for Healthy Eyes!

How can you protect your vision? Have a comprehensive dilated eye exam. Know your family's eye health history. Eat right to protect your sight. Maintain a healthy weight. Wear protective eyewear. Quit all forms of tobacco or never start. Wear sunglasses whenever outside. Even babies need sunglasses in the desert! Give your eyes a rest when they are tired. Clean

your hands and your contact lenses properly. And practice workplace eye safety.

Where can I get help with my lifestyle changes?

For tobacco cessation - Health Promotions offers tobacco cessation counseling and your primary care provider can prescribe medications if you need them. Call (760) 830-2814 for more information. Nutrition Education -- your provider can place a referral to the registered dietitian for help changing your diet to a healthier one. Fitness Programs -Both East and West Gyms offer fitness trainers to help you meet your fitness goals. Call 830-6451 for the West Gym and 830-6440 for the East Gym

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The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

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Whooping Cough Vaccine Available

The incidence of Whooping Cough or Pertussis is on the rise in California. One key preventive measure is to be immunized with the Tdap vaccine.

This is a one-time booster for individuals over the age of 7 years.

The Naval Hospital has vaccine available in the Immunization Clinic for children and adults on a walk-in basis Monday through Friday from 9 to 11:30 a.m. and 1 to 4 p.m.

A Year Later, H1N1 Flu and Your Summer Travel Plans

By Sharon Foster
TRICARE Management Activity

Last summer the H1N1 flu dominated the news. It was described by the World Health Organization (WHO) as the first pandemic of the 21st century. The Centers for Disease Control and Prevention (CDC) estimate that between 7,880 and 16,460 H1N1-related deaths occurred between April 1 and Dec. 12, 2009.

A year later, the H1N1 flu has fallen off the public's radar but the WHO reports it's still a global problem. There could be danger in believing the risk is gone, especially for TRICARE

beneficiaries traveling internationally or going on cruises.

It is important to think about how the seasonal and H1N1 flu may affect vacation and travel plans. Many people associate flu or influenza with cold weather. Indeed, influenza generally occurs during the winter months, but in some regions, it is most active from April through September or throughout the year, according to the CDC.

Traveling to areas where seasonal and H1N1 flu activity is higher than in the U.S. can put vacationers at risk. So can taking a cruise or visiting a resort with travelers from areas where

influenza activity is higher. Any traveler who wants to reduce the risk of getting sick with influenza should get the vaccine. It is best to get the vaccine at least two weeks before the start of a trip, according to the CDC.

"In years past, the elderly represented most of those who died from the flu," said Col. Wayne Hachey, DO, MPH, director, Preventive Medicine, TRICARE Management Activity. "With the emergence of the 2009 H1N1 flu, everyone is at risk. Young, healthy people die from the flu. If you have not been immunized, you place yourself and your loved ones at unnecessary risk."

TRICARE covers the following vaccines for the seasonal and H1N1 flu for all beneficiaries:

- * Flu shot: an inactivated vaccine containing a killed virus and given with a needle. This form of the vaccine may be used in all age groups.

- * Flu mist: nasal-spray flu vaccine made with live, weakened flu viruses. This form of the vaccine is limited for use in people who are between the ages of 2 and 49 years, and who are not pregnant when they receive the vaccination.

Flu vaccines are provided by select TRICARE-authorized providers or through a network

pharmacy that participates in the vaccination program at a zero co-pay to TRICARE beneficiaries. No referral or prior authorization is required when this benefit is obtained at one of these pharmacies, but state laws may have specific requirements for a prescription or required minimum age limits. To locate a participating pharmacy, beneficiaries can go to (www.express-scripts.com/TRICARE) or call Express Scripts, the TRICARE pharmacy program contractor, at 877-363-1303.

All active duty and National Guard and Reserve personnel should follow the Department of Defense's guidance. Non-active duty Prime beneficiaries must have a referral and authorization from their primary care manager to receive the seasonal or H1N1 vaccine from a non-network provider who does not accept TRICARE's allowable charge as payment in full. Without authorization, the beneficiary is responsible for the bill.

For more information about the seasonal and H1N1 flu and to learn about preventing the flu, visit the TRICARE Flu Resources Web page at www.tricare.mil/flu/ or the TRICARE Novel Influenza A (H1N1) Web page at www.tricare.mil/flu/flu_h1n1.asp.

TRICARE beneficiaries can always help in the global fight of controlling the spread of influenza by staying at home if they are sick, washing their hands frequently and covering coughs and sneezes.

New Director Takes Helm in TRICARE's West Region

Rear Adm. (Select) Colin Chinn is the new director of TRICARE Regional Office-West. As the regional director, Chinn manages the multi-billion dollar TRICARE contract covering the 21-state West Region.

"Dr. Chinn will support the military treatment facility commanders, ensure delivery of quality health care by the contractor, and optimize the patient experience across the region," said Rear Adm. Christine Hunter, deputy director of the TRICARE

Management Activity. "His leadership and medical expertise will prove invaluable in further enhancing TRICARE coverage for these 2.9 million beneficiaries."

Rear Adm. Chinn clearly understands the patient perspective, since he spent much of his career supporting the Marine Corps. He was the battalion surgeon with 3rd Reconnaissance Battalion, 3rd Marine Division from 1986-1987; group surgeon, 3rd Force Service Support Group, III Marine Expeditionary Force from 1998-2000 and force surgeon, U.S. Marine Corps

Forces Pacific from 2008-2010. He was selected as the Navy surgeon general specialty leader for Fleet Marine Forces during this tour.

Chinn's senior hospital assignments include director of medical services at Naval Hospital Okinawa from 2000-2003 and executive officer, Naval Hospital Lemoore (Calif.) from 2003-2006. Following those assignment, he completed a two year tour as the 15th commanding officer of Naval Hospital Oak Harbor (Wash.) from June 2006-June 2008.

"I am excited to be the director

of TRICARE Regional Office-West in San Diego and eagerly look forward to working with our outstanding staff to achieve the Quadruple Aim goals for all of the beneficiaries within the region," Chinn said. "The incredible work that has been accomplished by the TRICARE regional advisory committee, which includes Military Medical and TriWest leaders, has been exceptional and I will continue this strategic planning forum. I'm proud to serve; providing the best care to our beneficiaries."

Pentagon Urges Employees to 'Leap' Into Fitness

By Lisa Daniel
American Forces Press Service

WASHINGTON, Aug. 24, 2010 - The Pentagon has adopted a new civilian employee fitness challenge that officials say is not only good for employees and the Defense Department, but also for the nation.

The Department's civilian personnel policy office is sponsoring the "Leap Into Fall" campaign, which began Aug. 16 and runs through Oct. 31, Kathleen Ott, acting deputy undersecretary of defense for the office, said during an interview yesterday.

"We consider this part of readiness," Ott said. "We want our employees to be fit and be productive. If we pay attention

to our employees and their needs, it makes us a better employer, better able to recruit and retain employees, and retain our reputation as a model employer."

The campaign is an extension of an awareness campaign the office began in January that

posts health information on its Website, www.cpms.osd.mil/wellness. The site highlights one health issue each month -- smoking cessation, nutrition, fitness, mental health, and stress have been covered -- with information that can easily be down-

loaded, Ott said.

"As part of readiness, the department feels strongly that

Continued on page 7

Super Stars...



HM2 Kameryn Hughes, Staff Education and Training takes the oath at her recent reenlistment ceremony.



HM1 Ty Anderson, Laboratory, receives his fifth Good Conduct Award.



HM2 Zachary Boles, Physical Therapy, receives his second Good Conduct Award.



Cmdr. Eve Currie, former Director Branch Clinics and Nurse Practitioner, receives a Navy and Marine Corps Commendation Medal.



HN Robert Rose, Health Care Operations, takes the oath at his recent reenlistment ceremony.



Carole Barrett, Pharmacy, receives a Five Year Federal Length of Service Award.



IT2 James Davis, Information Management Department, receives a Navy and Marine Corps Achievement Medal.



CSI Kenneth Hogg, Combined Food Operations, receives a Navy and Marine Corps Commendation Medal.



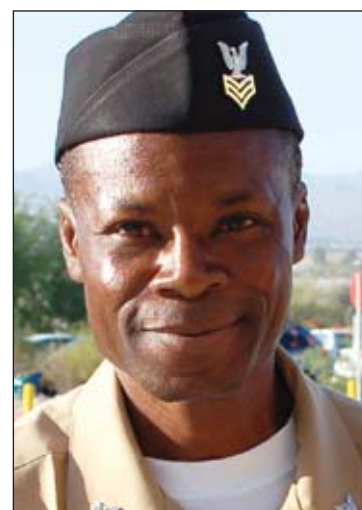
From left to right, Cmdr. Donna Jefcoat, Director for Administration, Lt.j.g. Krystal Glaze, Laboratory Officer, and Capt. Ann Bobeck, Commanding Officer, cut the MSC birthday cake.



LS1 Kimberly Blain-Sweet, receives a Navy and Marine Corps Commendation Medal.



HM3 Deven Fleming, Main Operating Room, receives his first Good Conduct Award.



MA1 Kenny Matthews, Master at Arms, receives a gold star in Lieu of his third Navy and Marine Corps Achievement Medal.

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Staying Hydrated in the Hot Mojave Desert can be a Big Challenge

Adequate hydration can be a challenge when working and exercising in hot weather, especially for Marines, Sailors and athletes who may lose 1-2 liters of water through sweat for each hour of exercise or heavy training. Dehydration hurts performance, limits training capability and may make you more susceptible to cramps, heat stress and heat stroke. An adequate supply of water is essential for both performance and good health.

Water is one of your body's most essential nutrients. Approximately 60 percent of the body is comprised of water. The body requires a constant supply of water as every system in your body depends on water. For your body to function properly, you must replenish its water supply by consuming fluids and foods that contain water.

Don't wait until you are thirsty. Thirst is a signal that your body is already on the way to dehydration. Drink before signs of thirst appear. Even small amounts of water loss may impair your performance. Symptoms of dehydration can range from dark yellow or amber colored urine, infrequent urination, thirst, nausea, headache, dizziness, little sweating to more serious complications. One way to check your hydration level is to monitor the color of your urine. It should be pale yellow and plentiful.

How much water should you drink every day? Water needs depend on many factors including your health, how active you are and where you live. The Food and Nutrition Board dietary reference intake for water recommends women consume 2.7 liters (91 oz) daily and men consume 3.7 liters (125 oz) daily through various beverages such as water, juices, milk, etc. and moisture found in foods such as fruits and vegetables. On average 20 percent of fluid comes from food and 80 percent from beverages. However the dietary reference intake was established for a temperate environment. Hot weather and exercise can make you sweat and compound the need to further increase fluid intake.

Drink before, during and after your workout to prevent dehydration. Both water and electrolytes including sodium are

lost during exercise. Those who are just starting an exercise program or are in the acclimation period may be at greater risk of dehydration, making it especially important to monitor hydration status. Maintaining a constant supply of water in the body is essential to performance. Consuming a nutritionally balanced diet and adequate fluids during the 24 hours before an exercise session is especially important. Water is the best choice for fluid replenishment for most individuals for exercise less than 60 minutes in duration. Sports drinks such as Gatorade help replace lost electrolytes and preserve carbohydrate stores during high intensity exercise greater than 60 minutes.

The American Council of Exercise provides the following hydration hints:

* Drink 17-20 ounces of water two to three hours before the start of exercise.

* Drink 8 ounces of fluid 20-30 minutes prior to exercise or during warm-up.

* Drink 7-10 ounces of fluid every 10-20 minutes during exercise.

* Drink an additional 8 ounces of fluid within 30 minutes after exercising.

Continued from page 5

* Drink 16-24 ounces of fluid for every pound of body weight lost after exercise.

Don't over drink. Though uncommon, it is possible to drink too much water which can lead to a life threatening condition called hyponatremia (water intoxication). Fluids should be sipped frequently and not gulped all at once. Fluid intake should not exceed sweat losses; you shouldn't be gaining weight during your exercise session. During prolonged exercise, sodium should be consumed with the rehydration beverage along with adequate sodium in the diet to replace losses in sweat.

Beware of sodas, energy drinks, caffeinated beverages and alcohol. Alcohol will not replenish fluids; it acts as a diuretic and will further dehydrate you. Sugary beverages such as sodas and energy drinks have little nutritional value and may delay absorption of water during exercise and can cause stomach upset.

Although moderate intake of caffeinated beverages may not compromise exercise performance or hydration, excessive intake of caffeine can act as a diuretic and cause the body to lose more water.

Approach dietary supplements

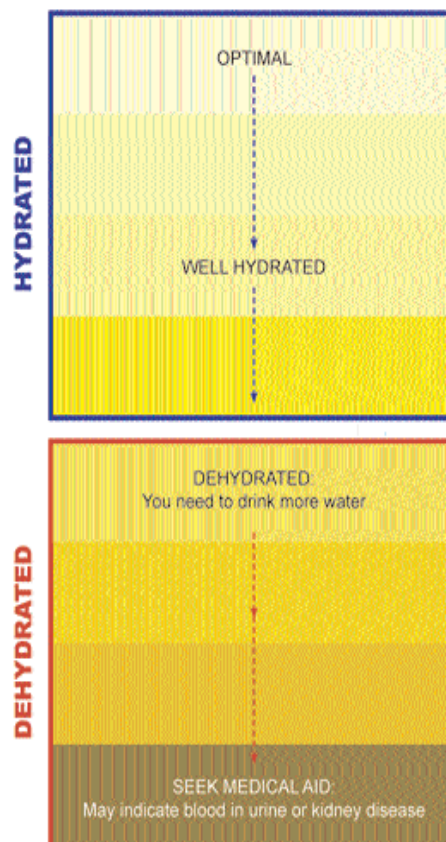
with extreme caution, as they may have dangerous side effects and can also affect hydration status. For example, ephedra containing products can cause severe life-threatening effects including increased heart rate, increased blood pressure,

increased risk of heat injury, hypertension, myocardial infarction (MI), and others including death. Although ephedra was banned by the FDA, it may still be available internationally. And

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Are You Hydrated? Take the Urine Color Test

Urine Color Chart



*This color chart is not for clinical use.

Water Consumption Table

Heat Category	WBGT Index, °F	Easy Work Water Intake (Quart/Hour)	Moderate Work Water Intake (Quart/Hour)	Hard Work Water Intake (Quart/Hour)
1	78° - 81.9°	1/4	1/4	1/4
2	82° - 84.9°	1/2	1/2	1/2
3	85° - 87.9°	3/4	3/4	1
4	88° - 89.9°	1	1	1
5	> 90°	1	1	1

WBGT = Wet Bulb Globe Temperature. Heat stress is a function of air temperature, humidity, wind speed, and solar radiation. WBGT is a measure of the heat stress on the human body. WBGT is used to determine the appropriate level of physical activity for a given environment. WBGT is used to determine the appropriate level of physical activity for a given environment. WBGT is used to determine the appropriate level of physical activity for a given environment.

<http://usachppm.apgea.army.mil>

CP-070-0408 (Also available as a tip card.)

Purpose

- With normal kidney function, your level of hydration is indicated by the color of your urine. Some vitamins and supplements may cause a darkening of the urine unrelated to dehydration.
- Since heat-related illness often follows dehydration, this simple test will help protect your health.
- Dehydration also increases your risk for kidney stones.

How does it work?

- Match your urine color to closest color in the chart and read the hydration level on the chart.
- Watch the urine stream not the toilet water, as the water in the toilet will dilute your urine color.
- In response to dehydration, the kidneys conserve water and excrete more concentrated urine; the more concentrated the urine the darker the color.

Prevent Dehydration

- No amount of training or acclimatization can reduce the body's requirement for water.
- Follow the water consumption guidelines in the water consumption table.

USACHPPM
U.S. Army Center of Health Promotion and Preventive Medicine

U.S. Dietary Supplements Not As Safe As Consumers Might Assume

More than half of adult Americans take dietary supplements in the belief they will keep them healthy, help them lose weight, or increase vitality and drive, but according to Consumer Reports, they may not realize there is no obligation for manufacturers to show they are safe and effective.

In their latest report they reveal 12 ingredients that consumers should avoid because they have been linked to health risks, including cardiovascular, liver, and kidney problems.

In their September 2010 report published recently, the consumer magazine describes how the U.S. Food and Drug Administration (FDA) has little power to regulate dietary supplements under the “industry-friendly” 1994 Dietary Supplement Health and Education Act (DSHEA), and where it does have power, it hardly ever uses it.

The report says that of the 54,000 and more dietary supplement products listed in the Natural Medicines Comprehensive Database, only about a third have any scientific evidence to support some level of safety and effectiveness.

The consumer magazine’s report identifies 12 supplements, which they refer to as the “dirty dozen,” that are readily available in stores and online, but that they think consumers should avoid because of health risks to heart, liver and kidneys. The following list summarizes their information:

* Aconite (other names

include aconiti tuber, aconitum, radix aconiti), used for joint-pain, inflammation, gout, wounds, is described as “unsafe” and has been linked to low blood pressure, nausea, vomiting, problems with heart rhythm, respiratory paralysis and death.

* Bitter orange (aurantii fructus, Citrus aurantium, zhi shi), taken for weight loss, allergies, nasal congestion, is described as “possibly unsafe” and has been linked with heart problems, stroke and death. Caffeine taken at same time can heighten risks.

* Chaparral (creosote bush, Larrea divaricata, larreastat), used for infections, detoxification, colds, weight loss, inflammation, cancer, is described as “likely unsafe,” and has been linked to liver damage and kidney problems.

* Collodial silver (ionic silver, native silver, silver in suspending agent), used for rosacea, psoriasis, Lyme disease, HIV/AIDS, food poisoning, chronic fatigue syndrome, fungal and other infections, is described as “likely unsafe” and has been linked with discoloration of the skin (bluish skin), mucous membrane, kidney damage, and neurological problems.

* Coltsfoot (coughwort, far-farae folium leaf, foalswort), used to treat sore throat, cough, laryngitis, bronchitis, asthma, is described as “likely unsafe” and has been linked with liver damage and cancer.

* Comfrey (blackwort, knit-bone, common comfrey, slippery root), taken for heavy menstrual periods, coughs, chest pain and cancer, is described as “likely unsafe” and has been linked with liver damage and cancer.

* Country mallow (heartleaf, Sida cordifolia, silky white mallow, malva blanca), used for allergies, asthma, weight loss, nasal congestion, bronchitis, is described as “likely unsafe” and has been linked with heart problems, stroke and death.

* Germanium (Ge, Ge-132, germanium-132), taken for pain, infections, heart disease, glaucoma, liver problems, arthritis, osteoporosis, HIV/AIDS, cancer, described as “likely unsafe” and has been linked with kidney damage and death.

* Greater celandine

(celandine, chelidonii herba, Chelidonium majus) used for cancer, liver disorders, detoxification, irritable bowel, and stomach upsets, is described as “possibly unsafe” and has been linked to liver damage.

* Kava (awa, Piper methysticum, kava-kava) taken for anxiety (“possibly effective”), is described as “possibly unsafe” and has been linked with liver damage.

* Lobelia (asthma weed, Lobelia inflata, pukeweed, vomit wort), taken for bronchitis, asthma, coughing, quitting smoking (“possibly ineffective”), is described as “likely unsafe” and that toxic overdose can cause very low blood pressure, fast heartbeat, coma and possibly death.

* Yohimbe (yohimbine, Corynanthe yohimbi,

Corynanthe johimbi) used as aphrodisiac and also taken for chest pain, diabetic complications, depression, erectile dysfunction (“possibly effective”); is described as “possibly unsafe” when used without doctor supervision because it contains the prescription drug yohimbine. Normal doses can cause high blood pressure and rapid heart beat, and high doses can result in severe low blood pressure, heart problems and death.

Source:
Consumer Reports developed the list with the Natural Medicines Comprehensive Database, an independent organization that researches and evaluates the safety and effectiveness of dietary supplements. The data comes from the Natural Medicines Comprehensive Database, Professional Version, June 2010.

The Other Berry the Blueberry

Blueberries are nutritional stars bursting with nutrition and flavor while being very low in calories. They are a very good source of vitamin C, manganese, and both soluble and insoluble fiber like pectin. Blueberries are also a good source of vitamin E.

Five Ways Blueberries Can Help Your Health

* Blueberries can help relieve both diarrhea and constipation.

* Blueberries also promote urinary tract health.

* Blueberries help lower blood sugar levels and control blood glucose levels in type-II diabetes mellitus condition.

* Blueberries are an excellent source of manganese. (Manganese plays an important role in the development of bones and in the metabolism of protein, carbohydrate and fat.)

* Blueberries help remove harmful oxygen derived free radicals from the body and thereby protect the body from cancers, aging, degenerative diseases and infections.

TRICARE’s New Website Allows Easier Access to Info

FALLS CHURCH, Va. -- A new website design at www.tricare.mil gives beneficiaries a faster, more personalized way to get the TRICARE information they need. The redesign includes improvements to the profile entry field, as well as new sections such as “New to TRICARE,” “Crisis Center” and “Quick Links.”

The improved profile entry feature makes it easier and faster for beneficiaries to answer three simple questions about status, location and health care plan to bring up information specifically tailored to them.

Beneficiaries who are not sure which category they fall under

can visit the “New to TRICARE” section to learn about eligibility, TRICARE plans and get enrollment information.

The “Quick Links” section provides easy access to the most popular topics beneficiaries use the TRICARE website to find -- including what’s covered, contact information and locating a provider.

The global navigation bars, found at the top and bottom of each page on the redesigned website provides access to other TRICARE portals. Providers, TRICARE staff, media and others can access these portals to find information about the TRICARE Management Activity and how to become a TRICARE

provider. Beneficiaries can click on the “e-mail updates” link on the top bar to subscribe to e-alerts about changes to benefits and to get newsletters and news releases electronically direct from TRICARE. Visit www.tricare.mil now to view TRICARE’s new design and offer feedback through the link on the bottom navigation bar. Or you can log on to the Robert E. Bush Naval Hospital web site to access TRICARE’s web site or The TriWest web site, the West Coast contractor for all of your TRICARE benefits.

'Leap' Into Fitness...

Continued from page 3

our employees should have at their fingertips the information that helps them live a healthy lifestyle," she said.

But they also wanted to do more than provide information. The office started the "Leap Into Fall" challenge as a call to action to get people moving, Ott said. The challenge supports First Lady Michelle Obama's "Let's Move" campaign for children, she said.

"We needed to put into practice some of theories we were espousing," Ott said. The campaign, she added, allows employees to serve as role models to get their family and friends moving, too.

The campaign goal is for employees to record 1.5 million hours of physical activity over the 10-week period, Ott said.

"You may think that's a lot," she said, "but if everyone in the department spends 30 minutes on physical activity five times a week, we will easily meet that goal." The department, she added, has about 750,000 civilian employees.

Employees may compete as individuals or part of a team. Physical activity doesn't have to be strenuous, Ott pointed out. It could include walking, bik-

ing, gardening, or golfing... "anything that gets you up and moving," she said.

Employees can record their activity by logging into The President's Challenge Website at <http://presidentschallenge.org>, and recording their hours of physical activity. Individuals with 25 hours logged, or teams in which all members log 25 hours, will receive a certificate of achievement. The top three individuals and top three teams will be recognized on the civilian personnel management office's Website, Ott said. More than 5,000 employees have logged onto the site so far, some from as far away as Afghanistan, she said. "We're excited," she said. "We think this is something our employees are really going to embrace and enjoy."

"It's going to be fun," Ott added, "and it's going to be contagious, especially if you're part of a team. One person will beget another person who will beget another person."

"Embarking on a healthy lifestyle can happen at any stage of a person's life," she said. "It's never too late to start."

Staying Hydrated...

although some products may be labeled "ephedra free," they may still contain harmful ingredients such as synephrine and other ingredients which mimic the action of ephedra. Another popular supplement, creatine, causes muscles to draw water from the rest of your body and might cause you to become dehydrated. Before using any dietary supplement, you should consult with your health care provider. Additionally, stay abreast of the numerous dietary supplement recalls and warnings, such as the recent hydroxycut recall, which can be found at

<http://www.fda.gov/Food/DietarySupplements>.

Are you staying hydrated?

Refer to the chart in the center spread on pages 4

and 5, and remember to drink up to promote adequate hydration and prevent a heat related illness.

For additional information on hydration and dietary supplements visit the following websites:

U.S.ArmyCenter for Health Promotion and Preventive Medicine:

<http://usachppm.apgea.army.mil>.

The Warfighter Nutrition Guide:

<http://www.usuhs.mil/mem/warfighterguide>

Gatorade Sports Science Institute:

www.gssiweb.com

American Council of Exercise:

<http://www.acefitness.org>.

Office of Dietary Supplements:

<http://dietary-supplements.info.nih.gov>.

If you have any further questions or would like to make an appointment with the Registered Dietitian, talk with your PCM for a referral or call 830-2752/2274.

Heat-Related Illnesses...

Continued from page 1

of suffering from heat stroke and may have symptoms of confusion, combativeness, strong rapid pulse, lack of sweating, dry flushed skin, faintness, staggering, possible delirium or coma. Seek immediate medical attention for a person with any of these symptoms, especially an older adult.

If you suspect that someone is suffering from a heat-related illness:

- * Get the person out of the sun and into an air-conditioned or other cool place.

- * Offer fluids such as water, fruit and vegetable juices, but avoid alcohol and caffeine.

- * Encourage the individual to shower, bathe or sponge off with cool water.

- * Apply a cold, wet cloth to the wrists, neck, armpits, and/or groin, places where blood passes close to the surface and the cold cloths can help cool the blood.

- * Urge the person to lie down and rest, preferably in a cool place.



Super Stars...

Continued from page 4



Lt. Cmdr. Georgiana Miller, a Physician in Family Medicine is promoted to her current rank.



HM3 John Raymond, Adult Medical Care Clinic, receives a Navy and Marine Corps Achievement Medal.

Happy Birthday...

Physician Assistants

est. Sept 1, 1971

**Emergency Medicine
named 23rd Medical
Specialty**
September 21, 1979

USO TriWest Team Up to Support Service Members

ARLINGTON, Va. -- In light of startling statistics surrounding combat stress, suicide and other challenges faced by millions of America's service members, organizations are reaching out in unique ways to help our nation's men and women.

USO and TriWest Healthcare Alliance have teamed up to expand a behavioral health pilot program that was jointly developed in October 2009. The program equips USO staff and volunteers with resources to identify symptoms of combat stress, as well as how to better engage service members and families overall and assist them in getting the support they need, when they need it.

Pilot Program Expands to 17 USO Centers Through Western U.S.

The behavioral health support program was successfully piloted last year at four USO Centers, including Fort Carson, Colo.; Fort Bliss, Texas; Honolulu International Airport, Hawaii; and Denver International Airport, Colo. Over 350 USO staff and volunteers completed the initiative's online training.

The program will expanded in July to include locations throughout the western United States:

- * Fort Riley, Kan.
- * Fort Leonard Wood, Mo.
- * East Fort Bliss, Texas
- * Travis Air Force Base, Calif.
- * Sea-Tac Airport, Wash.
- * San Jose Int Airport, Calif.
- * Joint Base Lewis-McChord, Wash.
- * San Diego Downtown Center, Calif.
- * Ontario Int Airport, Calif.
- * San Diego Int Airport, Calif.
- * Los Angeles Int Airport, Calif.
- * San Francisco Int Airport, Calif.

* Palm Springs Int Airport, Calif.

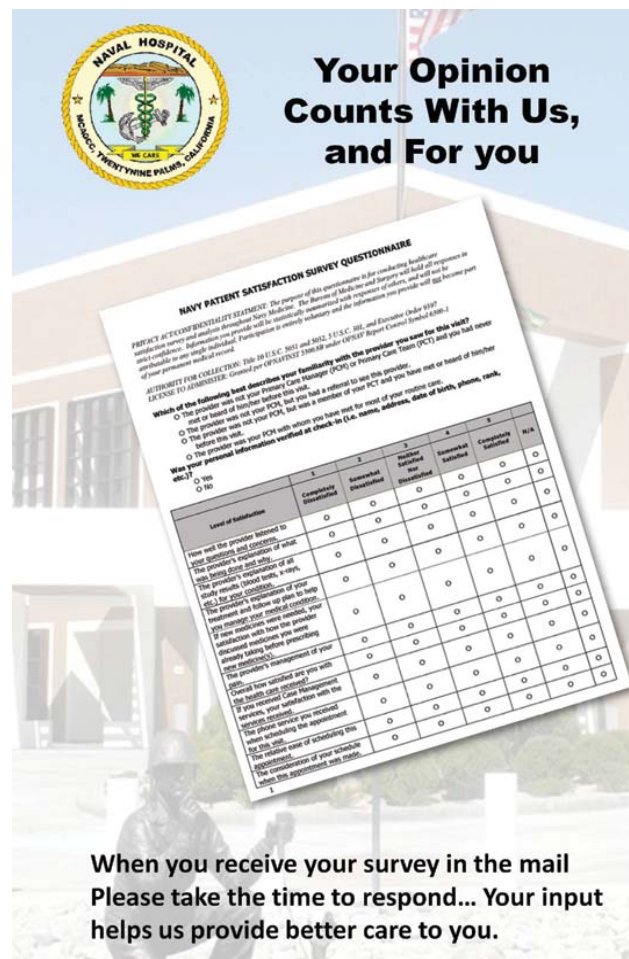
How It Works

The USO / TriWest partnership has brought together a collection of resources, including websites, handouts, a wallet card, DVDs and an online education module that provides USO staff and volunteers with information on the best possible ways to assist Soldiers, Marines, Sailors, Airmen, Coast Guardsmen and their spouses during a potential time of need.

“There is a stigma among our nation’s service members when it comes to reaching out for behavioral health services, and the fear that it might impact their career,” said Sloan Gibson, USO president. “It is our hope that we can equip our staff and volunteers with information and resources to help guide our service members and their families, in the most sensitive manner possible, to the help and services they need when and where they need it.”

As part of the program, USO staff and volunteers are provided information and guidance on spotting signs/symptoms of deployment and combat stress, identifying substance abuse, military family parenting resources, coping with stress and the emotional cycle of deployment.

“Combat stress and multiple deployments can often lead to post-traumatic stress or other behavioral health issues. It’s so incredibly crucial to offer ways to support the men and women who wear our nation’s uniform and defend American freedoms,” said TriWest president and CEO David J. McIntyre, Jr. “TriWest is truly honored to partner with the USO to provide these resources to military families.”



**When you receive your survey in the mail
Please take the time to respond... Your input
helps us provide better care to you.**